



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
FOOD AND HOUSING DIVISION
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
Phone: (858) 505-6900 | Fax: (858) 999-8920 | www.sdcdehq.org



CLASS B COTTAGE FOOD OPERATION APPLICATION PACKET

Thank you for your interest in starting your own Cottage Food Operation. We have designed this packet to streamline the application process, so as to maintain permit fees as low as possible and to save time in the permitting process. Please complete all applicable forms in this packet and submit the completed forms to our main office either over the counter, by mail, or via email at fhdcottagelood@sdcounty.ca.gov. Once we receive your packet and payment, it will be reviewed and you will be notified within ten (10) business days of the status of your submittal. Should you have any questions regarding the information in this packet, or any general questions regarding our Cottage Food Program, you can contact our Specialist on Duty directly at 858-505-6900, or stop by our main office Monday-Friday between the hours of 8:00am-4:00pm, closed for lunch 12:00pm-1:00pm.

All Cottage Food Operation products must comply with Section 114365.5 of the California Retail Food Code and must be approved by the California Department of Public Health (CDPH) for sale by a Cottage Food Operation. For a list of the allowed products, you may visit our website at www.sdcdehq.org. If you have a product that you would like to submit to CDPH for review, you may email them at fdbinf@cdph.ca.gov.

Along with the completed application packet, you will also need to submit Sample Labels for review to DEHQ-FHD for the Cottage Food Products you intend to prepare in your home kitchen. Cottage Food Operators are only required to submit labels for no more than ten (10) products for review including at least one product from each category of food to be prepared. Any product labels above the initial ten (10) that are submitted for review will be subject to the current DEHQ-FHD hourly rate. *(Label Samples must be submitted in either a Microsoft Word Document or PDF format and must reflect the final size, layout and color of the labels that will appear on your products)*

***Please click on the hyperlink below for FHD Fee Schedule:**

https://www.sandiegocounty.gov/content/dam/sdc/deh/fhd/food/pdf/publications_feeschedule.pdf

Best wishes on your new business venture.



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FEES ASSOCIATED WITH COTTAGE FOOD OPERATIONS

The following is intended to explain cottage food operation fees for services you may request or be charged. The Food and Housing Division of the Department of Environment Health and Quality (DEHQ) is funded entirely by permit fees and is mandated to operate at full cost recovery.

Type of Service	Fee	Type of Service	Fee
Class A Initial Registration (1-10 labels)	\$216.00	Submittal of Additional Labels for Review (1/2 hour minimum)	\$83.00/Hr
Class A Renewal	\$87.00	Complaint Investigation & Follow-up of Official Notice	\$158.00/Hr
Class B Initial Permit (includes 1-10 labels and home inspection)	\$491.00	Administrative Office Hearing	\$632.00
Class B Renewal (includes home inspection)	\$339.00	Suspension/Revocation Hearing	\$948.00

Follow-up of Official Notice

If you are issued an Official Notice of Violation for non-compliance of state and/or local codes and do not comply within the stated time on the notice, you are subject to the following:

- A re-inspection fee for a follow-up visit. The fee must be paid at one of the offices listed below or paid online.
- Continued non-compliance will result in an Administrative Office Hearing and/or Suspension/Revocation Hearing.

Administrative Office and Suspension/Revocation Hearings

Administrative Office Hearings or Suspension/Revocation Hearings, as applicable, may be conducted for repeat major violations. If you have been issued a notice to appear at a Suspension/Revocation Hearing or an Administrative Office Hearing, you are required to do the following:

- Contact the District Supervisor to confirm the time and date of the hearing. Pay the corresponding fee prior to or at the time of the hearing.
- Attend the hearing and be prepared to provide reasons why you have not complied with the notice(s) of violation or the reasons why you cannot be in compliance.

Be advised that failure to appear will not result in the termination of the hearing. The hearing will be conducted in absentia and your permit may be modified, suspended, or revoked. For additional information, contact the Food and Housing Duty Desk at (858) 505-6900.

Department of Environmental Health and Quality Office Locations

Main Office

5500 Overland Avenue, Ste. 170
San Diego, CA 92123
(858) 505-6900

Office hours 8:00am - 4:00pm, closed for lunch 12:00pm-1:00pm

"Environmental and public health through leadership, partnership and science"



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COTTAGE FOOD OPERATION APPLICATION SUBMITTAL REQUIREMENTS

In order to be an approved Cottage Food Operator within San Diego County, interested parties must obtain approval from the Department of Environmental Health and Quality and their local city/county Building Department.

The items listed below must be submitted for review to the Department of Environmental Health and Quality, Food and Housing Division (DEHQ-FHD). Please ensure all required information is submitted in order to reduce delays in the approval of your application. You will be notified of the status of your application within ten (10) business days after receipt of your complete application packet.

Application Items Required:

- ☐ Completed Cottage Food Operation Registration Form
- ☐ Completed Self-Inspection Checklist *(This is to be completed for Class A applicants only)*
- ☐ Completed Health Permit Application *(This is to be completed for Class B applicants only)*
- ☐ Completed Cottage Food Operation Addendum Information
- ☐ Completed Cottage Food Operation List of Products Form
- ☐ Well Water Testing Results *(This is only for Cottage Food Operators whose water is supplied by a private well)*
- ☐ Food Handler Training Certificate *(Required to be submitted within 90 days of approval)*
- ☐ If you live within an incorporated city, submit a copy of your Business License from the city where your Cottage Food Operation is located. The address on the Business License must match your primary residence.
Please reference the [City Zoning list](#) located on the DEHQ-FHD website for individual city contact information. The following Cities require approval from DEHQ-FHD prior to issuing a Business License: Encinitas, Escondido, Imperial Beach, Lemon Grove, National City, Oceanside, San Marcos, and Vista. For operations in any of these cities, you do not need to submit a business license with your application packet.
- ☐ If you live within an Unincorporated part of San Diego County, your Cottage Food Operation (CFO) Registration form must be stamped by San Diego County Planning and Development Services (PDS). Prior to submitting your application to DEHQ-FHD, please obtain the [required stamp](#) approving the use of your home to establish your CFO business.



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COTTAGE FOOD OPERATION

LABEL SUBMITTAL REQUIREMENTS

Along with the completed application packet, you will also need to submit sample labels for review to DEHQ-FHD for the Cottage Food Products you intend to prepare in your home kitchen. Cottage Food Operators are required to submit labels for no more than ten (10) products for review, including at least one product from each category of food to be prepared. Any product labels above the initial ten (10) that are submitted for review will be subject to the current DEHQ-FHD hourly rate. *Sample labels must be submitted in either a Microsoft Word Document or PDF format and must reflect the final size, layout and color of the labels that will appear on your products)*

The following is the information that must be included on your sample labels to meet the requirements established by the California Department of Public Health (CDPH). Please see the Labeling Requirement Document available on our website for sample label layouts and additional details on the required information for your product labels.

- ☐ Name of the Cottage Food Operation which produced the food
- ☐ Full physical address of Cottage Food Operation *(If your business is listed in a major phone directory, just the City, State and Zip Code of your operation may be printed on your labels)*
- ☐ Common name of the product
- ☐ List of product ingredients in descending order by weight *(all sub ingredients must also be listed following each listed ingredient used)*
- ☐ Allergen declaration of any of the major allergens allowed to be used as ingredients in Cottage Food Products
- ☐ The net weight of your food product stated in both ounces and *grams* *(a place holder may be used to indicate where this will go on your label if the final weight has not been determined)*
- ☐ The words "Made in a Home Kitchen", or where applicable, "Repackaged in a Home Kitchen", printed in at least 12 point font *(if an uncommon font is used, a word document sample may be requested to verify font size)*
- ☐ Registration Number (Class A) or Permit Number (Class B) as issued by this department *(a place holder may be used until actual registration or permit number is issued – the number will be 17 digits long)*
- ☐ Name of the county issuing the Cottage Food Registration (Class A) or Cottage Food Permit (Class B)
- ☐ Nutritional Fact Panel *(only required when using the following terms: free, low, reduced, fewer, high, less, more, lean, extra lean, good source, light)*
- ☐ The minimum size of all text (except for "Made in a Home Kitchen") must be larger than 1/16" when measured at a lowercase "o"



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COTTAGE FOOD OPERATION REGISTRATION

Cottage Food Operation (CFO) Contact Information

CFO Name _____ Assessor's Parcel No. _____
CFO Address _____ City _____ Zip _____
CFO Owner's Name _____ Phone _____
Mailing Address _____ City _____ Zip _____
E-Mail Address _____ @ _____

CATEGORIES:

- ☐ **Class A: Direct Sales only** (self-certification checklist is required)
☐ **Class B: Direct and Indirect Sales** (permit application is required)

Office Use Only:

Registration #: _____ Date: _____
Approved By: _____

PROHIBITED ITEMS:

Foods containing cream, custard, or meat fillings are potentially hazardous and are not allowed. Only foods that are defined as "non-potentially hazardous" are approved for preparation by a Cottage Food Operation (CFO). These are food items that do not require refrigeration to keep them safe from bacterial growth that could be a cause of food-borne illness. If making buttercream frosting, icing, fondant and/or gum paste, it shall not contain eggs, cream or cream cheese

PRODUCTS THAT WILL BE PREPARED AT YOUR CFO: (Please check the items you will be preparing or selling)

This list is subject to change based on the current approved food list provided by the California Department of Public Health

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Baked Goods | <input type="checkbox"/> Dried Pasta | <input type="checkbox"/> Marshmallows | <input type="checkbox"/> Tortillas |
| <input type="checkbox"/> Candy/Confections | <input type="checkbox"/> Dried Soup Mixes | <input type="checkbox"/> Mustard | <input type="checkbox"/> Vinegar |
| <input type="checkbox"/> Churros | <input type="checkbox"/> Dry Baking Mixes | <input type="checkbox"/> Popcorn/Popcorn Balls | <input type="checkbox"/> Waffle Cones |
| <input type="checkbox"/> Candied Apples | <input type="checkbox"/> Fruit Butters | <input type="checkbox"/> Pizzelles | <input type="checkbox"/> Jams/Jellies/Preserves |
| <input type="checkbox"/> Chocolate Covered Food | <input type="checkbox"/> Fruit Tamales/Pies/
Fruit Empanadas | <input type="checkbox"/> Nuts/ Nut Mixes/
Nut Butters | <input type="checkbox"/> Dried Tea/
Roasted Coffee |
| <input type="checkbox"/> Dried Fruit/
Vegetables | <input type="checkbox"/> Granola/Cereals/
Trail Mix | <input type="checkbox"/> Sweet Sorghum
Syrup & Honey | <input type="checkbox"/> Vegetable and Potato
Chips |
| <input type="checkbox"/> Dried Mole | <input type="checkbox"/> Herb / Spice Blends | <input type="checkbox"/> Salt Seasoning | <input type="checkbox"/> Cotton Candy |

Other (please specify) _____

COTTAGE FOOD OPERATION REGISTRATION

POTABLE WATER SOURCE: Check the water source you will use in your Cottage Operation

☐ City Water District (please indicate water district below)

☐ Private Well*

WASTEWATER DISPOSAL: Indicate the type of system you will use to dispose of wastewater

☐ Public Sewer (please indicate sewer district below)

☐ Private Septic System*

FOR CLASS "A" & "B" OPERATIONS

- Be advised the additional wastewater flows from your cottage food operation may have an impact on your septic system
- If the site is served by a water well, the Department of Environmental Health and Quality (DEHQ) requires that the water be analyzed by a private lab to ensure it meets minimum bacterial and chemical standards
- An annual well water analysis is required and shall consist of a total coliform bacteria test which shows the absence of coliform bacteria and a nitrate test which shows nitrates are at or below the MCL for nitrates.
- Should you have questions regarding this, please contact the Land & Water Quality Division at (858) 565-5173.

TRAINING REQUIREMENT: FOOD PROCESSOR COURSE:

Within **3 months** of being approved to operate by the Department of Environmental Health and Quality, you must provide proof of completion of the required California Department of Public Health (CDPH) food processor course, or other approved Food Safety Training Course. Proof of completion may be faxed to the Department at **(858) 999-8920** or emailed to fhdcottagefood@sdcounty.ca.gov. For information on CDPH course availability, visit their web site at www.cdph.ca.gov.

LABELING:

All cottage food must be labeled in accordance with the [Federal Food, Drug, and Cosmetic Act \(Title 21 of the U.S. Code; Sect. 343 et seq.\)](#).

The cottage food label shall include the following:

1. The words **"Made in a Home Kitchen"** in 12-point type. "Repackaged in a Home Kitchen" to be used when applicable and must also be printed in at least 12pt font.
2. The name commonly used for the food product.
3. The name of CFO which produced the food (Registered with DEHQ-FHD).
4. The physical address of the Cottage Food Operation.
5. The registration number (Class A) or permit number (Class B) and the name of the local enforcement agency that issued the permit (San Diego County).
6. The product ingredients in descending order by weight.
7. A declaration if the product contains any of the major food allergens allowed to be used as ingredients in Cottage Food Products.
8. The net weight of the product listed in grams and ounces.

****For Class B Operations only:** Products served without packaging or labeling shall be identified as homemade to the customer at a food facility; this can be done on the menu, menu board or any other easily accessible location

Along with your completed registration form, submit a copy of no more than ten (10) label(s) for your cottage food product(s) to this Department for review.

Operator's Certification Statement and Signature:

CERTIFICATION STATEMENT: I certify under penalty of law that I am the operator of this cottage food operation, not an employee or household member of the true operator. I further certify, based on my direct personal knowledge, that the statements of conformance with legal requirements made by my checkmarks on this document are true and correct. I will comply with the applicable requirements of the California Health and Safety Code and applicable County or City codes, including any directives or orders issued under the codes. I also certify that no modifications or alterations have been made to my residence to accommodate this cottage food operation that would require a building permit, and that prior to making any modifications, the appropriate building permits will be obtained from the local building department. I understand that the registration I am seeking will not be transferable to another person or location, and that this registration will become invalid and this cottage food operation illegal if required fees, including annual renewal fees, are not paid when due.

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____



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ADDENDUM INFORMATION

Cottage Food Operation (CFO) Contact Information

CFO Name _____
CFO Address _____ City _____ Zip _____
CFO Owner's Name _____ Phone _____
Mailing Address _____ City _____ Zip _____
E-Mail Address _____ @ _____

This addendum contains information for the Cottage Food Operation (CFO) owner and outlines their responsibilities. Please read each statement carefully and initial confirming your understanding.

_____ My Class B Cottage Food Operation shall not have more than one hundred fifty thousand dollars (\$150,000) in gross annual sales in the calendar year.

_____ My Cottage Food Operation shall only fulfill orders directly in person, via mail delivery, or via a third-party delivery service within California only. If selling indirectly, orders may be fulfilled in person, via mail delivery, or 3rd party delivery service within California only.

_____ I understand that Cottage Food Products include only non-potentially hazardous foods, limited to the foods that are described in the approved food list in the California Retail Food Code and maintained current by the California Department of Public Health (CDPH).

_____ I understand that any buttercream frostings, buttercream icings, buttercream fondant and gum pastes prepared in my cottage food operation cannot contain eggs, cream or cream cheese.

_____ I understand that I am responsible to ensure that all product labels meet the requirements established by the California Department of Public Health (CDPH) and San Diego County Department of Environmental Health and Quality (DEHQ-FHD).

_____ I understand that a Class A Cottage Food Operation may engage in direct sales only.

_____ I understand that Class B Cottage Food Operation may engage in direct & indirect sales only.

_____ I understand that I am required to maintain my permit (Class B) or registration (Class A) at any point of direct sales and provide it for inspection when requested.

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____



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COTTAGE FOOD OPERATION LIST OF PRODUCTS

Cottage Food Operation (CFO) Contact Information

CFO Name _____
CFO Address _____ City _____ Zip _____
CFO Owner's Name _____ Phone _____

Please list all products submitted for approval (attach additional sheets as needed)

Product Name	Product Category	Approved	Not Approved

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____



County of San Diego



DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
APPLICATION FOR PUBLIC HEALTH PERMIT

ADDRESS: 5500 OVERLAND AVE #170, SAN DIEGO, CA 92123 | PHONE: (858) 505-6666 | FAX: (858) 999-8920
MAILING ADDRESS: P.O. BOX 129261, SAN DIEGO, CA 92112-9261
EMAIL: FHDPERMITS@SDCOUNTY.CA.GOV

PREFERRED LANGUAGE(S) SPOKEN OR READ/Idiomas Preferido(s) Hablados o Leídos

We are committed to enhancing communication and services to our customers. In support of this effort, we are seeking information on the primary languages spoken by you and your staff. This information will allow FHD to continue to translate various applications and informational materials.

Preferred Language/Idioma preferido: Arabic Chinese – Cantonese Chinese – Mandarin English Farsi Filipino Japanese Karen Korean Somali Spanish Vietnamese Other _____

Preferred Secondary Language/Segundo idioma preferido: Arabic Chinese – Cantonese Chinese – Mandarin English Farsi Filipino Japanese Karen Korean Somali Spanish Vietnamese Other _____

- Please print clearly, using BLUE or BLACK ink ONLY/ Por favor escribir legible con tinta NEGRA o AZUL Solamente -

APPLICATION TYPE/ Tipo de Aplicacion

☐ Food Facility☐ Mobile Food☐ Pool/Body of Water☐ Massage Establishment
☐ Public Housing☐ Body Art Facility☐ Resort/Entertainment Complex☐ Seasonal Organized Camp☐ Annual Organized Camp
☐ Class B Cottage Food Operation☐ Charitable Feeding Food Facility

BUSINESS INFORMATION/ Información del Negocio

Business Name (DBA)/
Nombre del Negocio: _____

Assumed Business Date/ Fecha de inicio:
Month/Mes: _____ Day/Día: _____ Year/Año: _____

Days and Hours of Operation/
Días y horas de operación: _____

APPLICANT INFORMATION/ Información del Aplicante

Check if same as owner/ Marque aquí SI es la mismo del dueño

Name/Nombre: _____

Email/Correo electrónico: _____

Phone #/Número de teléfono: _____

Home Phone#/Número de casa: _____

Fax #/Número de fax: _____

Mobile Phone#/Número de cell: _____

Street #/Número de la calle: _____

Street Name & Suite/Nombre de la calle: _____

City/Ciudad: _____

Zip Code/Código postal: _____

BILLING INFORMATION/ Información de Facturación

Check if same as owner/ Marque SI es la misma del dueño

Name/Nombre: _____

Email/Correo electrónico: _____

Phone #/Número de teléfono: _____

Home Phone#/Número de casa: _____

Fax #/Número de fax: _____

Mobile Phone#/Número de cell: _____

Street #/Número de la calle: _____

Street Name & Suite/Nombre de la calle: _____

City/Ciudad: _____

Zip Code/Código postal: _____

OWNER INFORMATION/ Información del Dueño

Type of Ownership/ Tipo de organización:

Sole Owner/ Dueño único
Partnership/ Sociedad
Corporation/ Corporación
Non-Profit/ Sin fines de lucro

Owner Name (Corp, LLC, or Sole Owner)/ Dueño: _____

Please list the NAME of the entity if applicable. An honorably discharged veteran who is a sole owner may be entitled to a fee exemption for certain food related permits.

Owner Email/ Correo electrónico del dueño: _____

List of Partners or Officers (attach separate sheet if necessary)/ Lista de socios: _____

Phone #/ Número de teléfono: _____

Home Phone#/ Número de casa: _____

Fax #/ Número de fax: _____

Mobile Phone#/ Número de cell: _____

Street #/ Número de la calle: _____

Street Name & Suite/ Nombre de la calle: _____

City/ Ciudad: _____

Zip Code/ Código postal: _____

FOOD FACILITIES ONLY/ Establecimientos de Comida Solamente

of Employees/ Número de empleados: _____

Total # of Prep Areas/ Número de áreas de preparación (deli, bakery, etc.): _____

Square Footage/ Área en pies cuadrados: _____

of Vending Machines/ Número de máquinas: _____

Outdoor Dining/ Comedor al aire libre:

Sole
Sole and Covered
Shared
Shared and Covered
None
N/A

Outdoor Dining Seating Capacity/ Capacidad de asientos comedor al aire libre: _____

Outdoor Dining Square Footage/ Pies cuadrados de comedor al aire libre: _____

Indoor Dining/ Comedor interior:

Sole
Shared
None
N/A

Indoor Dining Seating Capacity/ Capacidad de asientos comedor interior: _____

Indoor Dining Square Footage/ Pies cuadrados de comedor interior: _____

Restroom Type/ Tipo de baño:

Shared Public and Employee
Common Use Public and Employee
Employee Only
Common Use Public/ Separate Employee
Separate Public/ Separate Employee

Men Stalls: _____ Men Urinals: _____ Women Stalls: _____ Unisex Rooms: _____

Drive Thru:

Yes
No

Year Building was Built/ Año de construcción del edificio: _____

If applying for a Microenterprise Home Kitchen Operation (MEHKO) permit check here/ Si está aplicando para un permiso de MEHKO marque aquí:

MOBILE FOOD FACILITIES ONLY/Móviles de Comida Solamente

MUST SUBMIT COMMISSARY AGREEMENT LETTER, TOILET FACILITY LETTER (if applicable/si es aplicable)
Will the mobile unit be operating at one location at all times? Estará la unidad móvil trabajando en una sola ubicación?

☐ Yes/Si ☐ No (If no, please provide a list of locations/Si es NO, por favor incluya una lista de las ubicaciones)

Indicate # of Mobile Units (In addition to the sink cart)/ Número de Unidades Móviles (Aparte del sink móvil): _____

HOUSING PERMIT ONLY/Permiso de Viviendas Solamente

Indicate # of Housing Units/Número de unidades: _____

Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): _____
Primary Contact Name/Nombre del contacto principal: _____
Phone #/Número de teléfono: _____ Email/Correo electrónico: _____

POOL PERMIT ONLY/Permiso de Piscina Solamente

Bodies of Water/Cuerpos de agua: # of Pool(s): _____ # Spa(s): _____ # of Wader(s): _____ # of Spray Ground(s): _____ Other: _____
If any body of water is indoors, please specify which one/Si algun cuerpo de agua está ubicado en el interior, especifique cuál: _____
Facility Type/Tipo de facilidad: ☐ Apartment Complex ☐ Bath House ☐ Bed & Breakfast ☐ Campground ☐ County/Private Club
☐ Government/Municipal/County Agency ☐ Health/Swim Club ☐ HOA ☐ Hotel/Motel ☐ Mobile Home Park ☐ Public Park
☐ Resort Enter. Complex ☐ School/College/University ☐ Shopping Mall ☐ Waterpark/Theme Park
Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): _____
Primary Contact Name/Nombre de contacto principal: _____
Phone #/Número de teléfono: _____ Email/Correo electrónico: _____
Access for Inspection/Acceso para inspección: ☐ Key/Llave ☐ Lockbox/Caja de seguridad
☐ On-site Contact/Contacto en el sitio Name/Nombre: _____ Phone Number/Número de teléfono: _____
*If key or lockbox were checked, the area specialist will reach-out to obtain key/information. Si marcó llave o caja de seguridad, el especialista del área se comunicará con usted para obtener la llave/información.

BODY ART FACILITY ONLY/Arte de Cuerpo Solamente

Indicate the Services you will be Providing/Indique los servicios que serán proporcionados
(Check all that apply/Marque todos que apliquen)

☐ Tattooing ☐ Permanent Cosmetics ☐ Body Piercing ☐ Branding ☐ Mobile Body Art

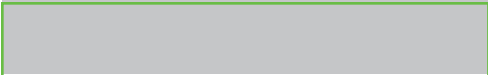
- INFECTION PREVENTION & CONTROL PLAN (IPCP) TO BE SUBMITTED WITH APPLICATION.
- PRACTITIONERS MUST BE REGISTERED WITH DEHQ.
Applicable to all permits:

☒ I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true.
☒ I agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.
☒ I hereby consent to all necessary fees and inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.
☒ I hereby authorize any owner, partner, or authorized agent listed on this application to make changes on behalf of this permit.
☒ I understand that the issued health permit will continue to renew annually, and fees will continue to accrue until the owner, partner, or authorized agent submits a request to DEHQ-FHD for the permit to be inactivated.
☒ I agree to not make any modifications or changes to my existing project/facility, including menu/equipment changes, changes in commissary, or changes of ownership, without prior written approval.
☒ I agree not to operate until a valid health permit is issued.
☒ I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Authorized Signature/Firma: _____ Date/Fecha: _____
Print Name/Nombre: _____ Title/Título: _____

CHANGE OF OWNERSHIP ONLY/Cambio de Dueño Solamente

Documents required to process change of ownership/Documentos requeridos para procesar el cambio de dueño:
*Health Permit Application
*Proof of ownership (such as: business license, seller's permit, etc)
*Menu/Food Items Produced (Food Facilities and Mobile Food Facilities only)
*Change of ownership questionnaire (Food Facilities only)
After an invoice is generated, the following payment options are available/Después de que se genere una factura, existen varias opciones para realizar el pago:
*Online at www.dehqpay.com
*In-person at 5500 Overland Ave, #170, San Diego, CA 92123
*By mail P.O. BOX 129261, San Diego, CA 92112-9261 (May take up to two weeks for processing)
NOTE: A food facility shall not be open for business without a valid health permit (Section 114381 of the California Health & Safety Code and Section 61.104 of San Diego County Code of Regulatory Ordinance). Permit fees due to DEHQ for the investigation of a regulated business operating without a Health Permit will be three (3) times the cost of the annual permit fee, which are payable in addition to the current permit fee.



– OFFICE USE ONLY –

☐ New☐ Change of Owner☐ Update Record☐ Exempt

New Permit #	Previous Permit # or Plan Check #	Record/Permit Type	Units	Decal Number	Processing Clerk